



Bharath

INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Declared as Deemed - to - be - University under section 3 of UGC Act 1956)
ACCREDITED WITH 'A' GRADE BY NAAC

Fellowship / Grant Application Form

Sl. No	Content	Particular
1	Name of the Applicant	VENKATAGOPALAKRISHNAN
2	Designation	Professor
3	Name of the School	School of Medicine
4	Year of Submission	2018-2019
5	Submission Date	06.08.2018
6	Application Type	Individual
7	Nationality	Indian
8	Name of the Fellowship	Institutional Research Program
9	Stature of Fellowship	National
10	Awarding Agency	Subhash Projects and Marketing Ltd.,
11	Duration	3 Months
12	Budget	Rs. 65541 /-
13	Remark	NA

Signature(s) : *Venkat*

Name : VENKATAGOPALAKRISHNAN
Date : 06.08.2018



[Signature]
Approved By



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No Objection Certificate

Date: 06.08.2018

This is to certify that **VENKATAGOPALAKRISHNAN**, is working as Professor, School of Medicine, Bharath Institute of Higher Education and Research, deemed to be University, Chennai. **VENKATAGOPALAKRISHNAN** is interested in **Institutional Research Program**. The Institute has "No Objection" in his / her application for grant being considered for funding and his / her undertaking. This NOC is issued the purpose of receiving grant / Fellowship from **Subhash Projects and Marketing Ltd.,**


Dean

School of Medicine
BIHER



Date: 06.08.2018

Dear **VENKATAGOPALAKRISHNAN**,

Sub: Approval of proposal for Institutional Research Program

It is pleased to inform you that **VENKATAGOPALAKRISHNAN**, Professor, School of Medicine, your application (BIHER / 2018-2019 / Fellow / 3074 dt. 06.08.2018) shortlisted for funding under the Institutional Research Program has received approval in the amount of **Rs: 65541.00** [Rupees Sixty Five Thousand Five Hundred Forty One Only] for Research Program for 3 Months duration.

As part of our project funding Payment Option, you will receive your funding as a direct grant that will not require you to expend your own funds and request a reimbursement. In order to accept your grant and receive payment, you must complete the attached Grant Agreement and return them within two weeks. In addition, you will be required to fill out a final report on your project once your program is complete.

You are required to complete a Final Report within two weeks of completing your fellowship for proof of project completion.

In addition to your Final Report, please provide:

[List any other materials you may require] (i.e. receipts, programs, images)

If you are unable to complete your project you will be required to repay the grant funds.

There were many worthwhile applications for funding and only a select few were funded during this grant cycle. We congratulate you and thank you for your efforts on behalf of our community. Please contact us if you have any questions.

Sincerely





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Internal Review Report

Sl. No	Name of the Applicant	Particular
1	Name of the Applicant	VENKATAGOPALAKRISHNAN
2	Applicant Type	Individual
3	Designation	Professor
4	Name of the School	School of Medicine
5	Proposal Ref No.	BIHER / 2018-2019 / Fellow / 3074
6	Proposal	06.08.2018
7	Name of the Fellowship	Institutional Research Program
8	Stature of Fellowship	National
9	Awarding Agency	Subhash Projects and Marketing Ltd.,
10	Year of Award	2018-2019
11	Duration	3 Months
12	Purpose of Grant	Research Program
13	Remark	NA


Dean
BIHER

